POPULATION TODAY

Vol. 19, No. 7/8 July/August1991

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Paul Conklin

1990 Census shows Hispanic Americans increased more than any other group (see page 3).

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FROM THE EDITOR'S DESK

The Population Scoop

Question: "Is world population going up or down?"
Answer: "Yes."

***

Can you blame us Washingtonians for being a bit confused about recent trends in world population growth?

With our May 14th breakfast coffee we read in the *Washington Post*: "U.N. Sees Global Fertility Drop, Birth Control Gains." Later, on our way to the office, we saw a very different headline in the *Washington Times:* "World Population Growing Rapidly."

Same story, same press release. Same U.N. annual report on the state of world population. Yet, two quite different messages emerged from the headlines. The problem? Each headline was telling only half the story.

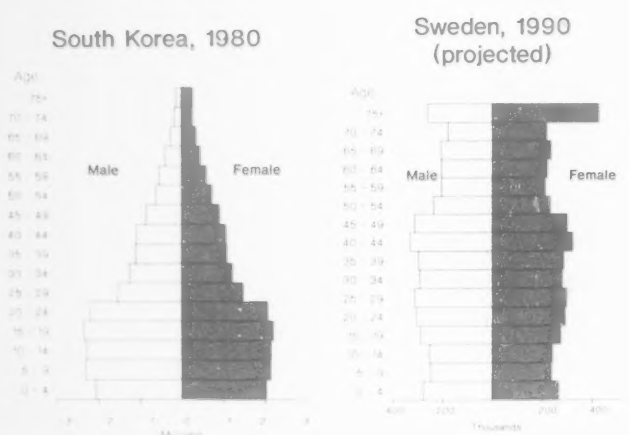
Today, world birthrates are slowing, but—because there are so many women of childbearing age—population nonetheless will continue to increase dramatically in the near future. Perhaps one can get this idea across in a public radio "soundbite," but it is not so easy in a headline.

The current dynamics of world population, while clear enough to population insiders, remain obscure to most of the general public. It seems likely that, throughout the 1990s, we will be struggling at least as much to get the message *right*, as to get the message *out*.

—Susan Kalish

SPEAKING GRAPHICALLY

Tucks and Turnouts



Two kinds of significant shifts can occur at the bottom of a country's age pyramid, as shown here. In South Korea, fertility decline led to a momentous event around 1980. The age group 0-4 became smaller than 5-9, that is, it "tucked under." In Sweden in 1990, years of dwindling cohort size was arrested by a rise in the birth rate, fending off the (to some) feared specter of population decline, as evidenced by the "turnout" at the bottom of the age pyramid. You'll never see the terms "tuck" or "turnout" in a demography text, but these are benchmark events nonetheless.

Sources. Statistisk arsbok, 1990 projection (Sweden); and U.N. *Demographic Yearbook, 1980* (S. Korea).

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Recycled Paper

The Top 10 Findings from the 1990 Census (So Far...)

Now that publicity over 1990 Census results has diminished somewhat, what have we found out thus far? Were there any surprises? Here, in thumbnail form, are our choice of the "top 10" findings.

• **First, the count itself was lower than expected.** Officially, it's 248,709,873 *residents*, not counting armed forces overseas. The total number expected, based on precensal estimates was 250,172,000. Thus, the count fell about 1,462,000, or 0.6 percent, short of the expectation. In 1980, the count was 4.8 million *more* than expected, or 2.2 percent. The last two censuses have had the largest difference between the count and precensal estimates in modern history.

• **Three states grew by more than one-third.** The fastest-growing states in the 1980s were: Nevada (50.4 percent growth), Alaska (37.4 percent), and Arizona (34.9 percent). Four states lost population: West Virginia (-8.0 percent), Iowa (-4.7 percent), Wyoming (-3.7 percent), and North Dakota (-2.1 percent); these were joined by the District of Columbia, which lost 4.8 percent of its 1980 count.

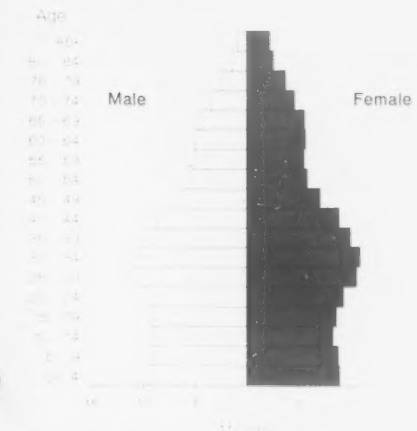
• **Renewed growth in the Northeast, slowdown in the South.** The Northeast (up 3.4 percent) showed surprising growth in its coldest states. Maine, New Hampshire, and Vermont grew faster than the national average. As expected, the Midwest's population size just held its own, rising by just 1.4 percent. The South grew at a fast clip, 13.4 percent, but this was slower than the 20.0 percent gain of the 1970s. The West grew fastest of all (22.3 percent), led by California's increase of just over 6 million.

Michael Siluk

For the first time, the census found more than half of us in big cities like this.

• **Hispanics and Asians grew rapidly.** In terms of numbers added, people identifying themselves as Hispanic topped all other groups by a wide margin. Their 7.7 million addition equalled more than twice the number added to the much larger black population (which grew from 26.5 million in 1980 to almost 30 million in 1990, an increase of 13.2 percent). The Hispanic addition was larger than the entire 1990 Asian and Pacific Islander population. The number of people identifying themselves as Asians or Pacific Islanders grew faster than any other group, rising from 3.5 million in 1980 to 7.3 million in 1990. (But note that, due to data comparability problems, the official figure for growth among Asians and Pacific Islanders, 108 percent, is somewhat overstated; actual growth was more like 95 percent.)

U.S. Population Pyramid 1990



Source. Bureau of the Census.

• **Even more Americans live in big cities.** For the first time, the 1990 Census showed more than half of the nation's population living in large metropolitan areas—those with 1 million or more residents. From New York's Metropolitan Statistical Area of 18 million to Rochester's 1 million, these areas show how much the country has changed from the days it was called a "nation of farmers."

• **Population declines halted in many cities.** The 1990 Census figures showed that many large cities ended their long period of population decline. New York City, which had dropped from 7.9 million in 1970 to 7.1 in 1980 resumed modest growth, rising to 7.3 million in 1990. A few long-term decliners continued downward. Detroit, for example, dropped by about 15 percent, nearly falling below the 1 million mark.

• **There are more households containing fewer people.** The census showed that we have 102,263,678 housing units, the most ever, but overall household size was down from 2.8 to 2.6 persons. Only one state, California, had an increase in household size, from 2.7 in 1980 to 2.8 in 1990. The large vacancy rate was something of an eyebrow raiser—just over 10 percent of U.S. housing units were vacant in 1990.

• **Counts jumped in Puerto Rico.** One surprise was the unusually high population count in Puerto Rico, which as a U.S. commonwealth is included in the 1990 Census process. The island's population totalled 3,522,037. Prior to the census, it was thought to be about 3.3 million. Does this mean that there was higher return migration to the island than previously thought?

• **The undercount is estimated at 2 percent.** We include the undercount, since this issue has received so much attention this time around. A census adjustment would change the total population to about 254 million and would result in a whole new set of figures at all levels of geography—national, state, county, metropolitan. By the time you

Continued on next page

Iran's Births Fall

Births in Iran have fallen sharply, by about one-fourth in four years, reports the *Iran Times*. The number of registered births in 1990 was 1,730,000, a 23 percent decline from 2,260,000 births four years earlier, according to a new report by the Interior Ministry. These numbers reflect Iran's calendar, which uses solar years that begin on March 21.

The drop almost certainly reflects actual changes in fertility. Although Iran's vital registration system is not complete, this fact would not affect the validity of the comparison, because both figures were subject to the same risk of under-registration. The numbers suggest that Iran's intensified family planning efforts over the past four years have had a big impact, particularly given that the number of marriages registered increased by 25 percent during the past two years.

—Nazy Roudi

Source. Iran Times, June 21, 1991.

Census

Continued from previous page

read this, the Secretary of Commerce will have made his decision on adjustment. No matter which way he decides the matter will most likely be before the courts (and in the news) for some time.

Baby boom moves up the population pyramid. Our last finding is in graphic form: the age and sex pyramid of the United States according to the 1990 Census (see page 3). Perhaps the biggest change from its 1980 counterpart is that the bulge produced by the baby boom may now be found in the 25-44 age brackets, rather than in the 15-34 brackets (its location a decade ago).

So, there we have it as of now. The rest of 1991 and 1992 will continue to be big years for census news as a steady stream of more detailed data are released—particularly the sample data on the "long" form, including income, labor force participation, living arrangements, family types, and education levels. Stay tuned.

—Carl Haub

SURVEY REPORT

Eastern Caribbean

Since 1985, the International Planned Parenthood Federation, Western Hemisphere Region (IPPF/WHR) has carried out a series of contraceptive prevalence surveys in eight eastern Carribean countries with funding from the U.S. Agency for International Development: St. Kitts-Nevis, Montserrat, Grenada, St. Vincent, Antigua, Barbados, St. Lucia, and Dominica (listed in the order the reports were published). These island nations have about 1 million people altogether and share common historical roots.

The surveys provide up-to-date information on fertility levels and preferences, as well as contraceptive knowledge and use, necessary to estimate the need for family planning services in each country. Series author Tirbani Tagdeo covers similar ground for each country: socioeconomic, historical, and demographic background; demographic analysis (fertility patterns, desire for additional children, and breastfeeding data); contraceptive awareness (family planning methods and sources); contraceptive use (by method, source, and timing as well as satisfaction and male attitudes);

Total Fertility and Contraceptive Prevalence in Eight Caribbean Countries

Country (survey date)	TFR	CPR
St. Kitts-Nevis (1984)	2.9	40.6
Montserrat (1984)	2.4	52.6
Grenada (1985)	4.9	33.0
St. Vincent (1988)	2.9	58.3
Antigua (1988)	1.8	52.6
Barbados (1988)	—*	55.0
St. Lucia (1988)	3.2	47.3
Dominica (1987)	3.2	49.8

Note. CPR (contraceptive prevalence rate) includes women age 15-44, in union.

*1988 TFR not given in the report; PRB's *1991 World Population Data Sheet* reports a TFR of 1.8 for Barbados.

Growing up in Barbados.

the role of the family planning associations in the eight countries; non-users of contraceptives (never-users and drop-outs); and summary and conclusions.

Among the countries surveyed, Grenada stands out with the highest TFR (total fertility rate or lifetime births per woman) and lowest contraceptive prevalence rate (CPR) (see table). In other countries fertility in general is quite low and about half the women use family planning. Almost all the reported family planning used consists of modern methods.

All these islands have unusual demographic patterns because of extensive out-migration. Antigua has a TFR of 1.8, below replacement level, and yet only 52.6 percent of the women are practicing family planning. By contrast, northern Europe also has a TFR of 1.8, yet contraceptive prevalence is 80 percent. St. Vincent has a CPR of 58.3 percent, but a TFR that is higher by one child per woman than Antigua's. Migration can greatly affect age distribution and marital status, two variables that affect fertility levels.

As a set and individually, the surveys provide detailed demographic data to help policymakers understand the family planning needs in the eastern Caribbean.

—Nancy Yinger

The Reader's File

...The plight of the African-American male. We need to reexamine the educational system, acknowledge that racial discrimination persists in the workplace, and recognize the "plight of the black male for the grave and critical problem that it is." That's what eminent historian John Hope Franklin told the U.S. Congress May 21 during a first-ever conference devoted to the subject. The meeting—sponsored by the Senate Committee on Banking, Housing, and Urban Affairs—may signal a new direction for demographic family research. Observers such as William J. Wilson have long argued that employment constraints on black men have worked against the formation of stable black families.

...Employment discrimination. On the same note, one in five blacks experiences unequal treatment in applying for entry-level positions, says a recent working paper by the Urban Institute.

Opportunities Denied, Opportunities Diminished: Discrimination in Hiring, by Margery Turner, Michael Fix, and Ray Struyk, 2100 M Street, N.W., Washington, D.C. 20037. $8.00.

...U.S. population assistance in the 1990s. The population assistance programs of the U.S. Agency for International Development (USAID) have been "innovative" and "made an enormous contribution," says a new report from the Population Crisis Committee. But the program's future relies on commitment from Congress and the White House, more funding that is better allocated, repeal of abortion-related policy restrictions initiated in the 1980s, and a better understanding of the relationship between population growth and sustainable development.

U.S. Population Assistance: Issues for the 1990, by Shanti R. Conly, J. Joseph Speidel, and Sharon L. Camp. Population Crisis Committee, 1120 19th Street, N.W., Suite 550, Washington, D.C. 20036, 52 pp. $7.00.

...Child survival. In the 1980s, child survival rates improved in countries where USAID was active. This report documents specific interventions and covers 22 countries.

Child Survival 1985-1990: A Sixth Report to Congress on the USAID Program, U.S. Agency for International Development, Washington, D.C. 20523, (202) 649-4220. No charge.

—*S.K.*

Viet Nam: Population Paradox

Terence Hull

Ho Chi Minh City: Candy? Cigarettes? Condoms?

At the invitation of the Population and Community Development Association of Thailand (PDA), I visited Viet Nam last December, accompanying John Baker (who heads the MacArthur Foundation-funded South to South, Global Initiatives Program at PDA in Bangkok). We were told we were the first foreign male guests of the Viet Nam Women's Union (VNWU). Our purpose was to consult on the women's union's income-generating family planning projects.

Viet Nam—which is emerging from years of economic, political, and diplomatic isolation—faces considerable difficulties in achieving its ambitious population goal: to reduce growth from over 2 percent a year to about 1 percent by the year 2000. Viet Nam has low infant mortality (37 per 1,000 births) and a high literacy rate, with a declining but still high fertility rate (4.06 lifetime births per woman). Despite incentive programs favoring the two-child family, family planning has been difficult to implement, especially in the rural areas where 80 percent of the people live.

The VNWU, with 11 million members representing all levels of society, is becoming increasingly active in family planning. It has government-delegated responsibilities for education and motivation programs and, with PDA support, is planning to obtain regular sources of contraceptive supply and expand service activities. VNWU leaders sit on the government bodies that will make the decisions about establishing community-based contraceptive-distribution programs.

Viet Nam is a dramatic example of how a policy seemingly conducive to family planning can go awry. A population policy was promulgated in 1963. Government edicts and economic pressures motivated couples to have smaller families. These factors increased the demand for contraceptive services, but the demand is not being met, despite the government's official commitment to a cafeteria approach to modern contraceptives.

Problems include:

- The constraints of poverty within the country and a lack of foreign exchange to import modern contraceptives.
- Strong moralistic attitudes of both men and women, along with fears that the availability of contraceptives might encourage extramarital sex.
- An official unwillingness to provide contraceptives to unmarried women (who are, however, eligible to obtain abortions).
- The perception that already available methods (IUDs provided by UNFPA and locally produced condoms of irregular quality) can do the job.

Currently, Viet Nam is largely a one-contraceptive country—heavily reliant on the IUD. Women for whom an IUD is generally not recommended (those who have never had children, who have gynecological infections, or who have completed childbearing) are encouraged to continue use. Female sterilization is rare and vasectomy is strongly resisted. Many women, including the well educated, prefer rhythm or withdrawal with legal abortion as a backup. Condoms of diverse origin and uncertain quality—sold by street vendors in Ho Chi Minh City—are not widely accepted.

A massive community-based distribution program might turn things around if coupled with programs to desensitize the topic of sexuality and continued economic incentives.

—*Henry P. David*

Henry P. David is Director of the Transnational Family Research Institute in Bethesda, Maryland.

DEMOGRAPHER'S PAGE

Uncovering the Hidden Demographic History of the USSR

by Alain Blum

Censuses are often controversial, but only rarely are the results suppressed and the census officials arrested. But this is exactly what happened in the USSR in the late 1930s, when Joseph Stalin took a census with the intention of confirming his theory that population growth would flourish under the new socialist system. Stalin "canceled" the 1937 census of the USSR, and its results lay buried in the archives of the Central National Archives for half a century. Through glasnost, *Soviet scholars are getting a first glimpse of these and other buried population data. The results are transforming Soviet demographic history. PRB is pleased to provide our translation of this article, which appeared last winter in the French journal* **Population et Sociétés** *(no. 253, January 1991). —S.K.*

Soviet researchers are reconstructing the demographic history of the USSR during the 1930s, using archives that were inaccessible until now.

During that dramatic decade, forced collectivization of agriculture led to considerable loss of human life and to deportations. This upheaval of the peasant's world was a prime contributor to the famine of 1933—although the famine itself was denied by the Soviet leadership as well as by many in the West. It is now possible to gauge the breadth of the devastation wrought by Stalin's policies both at national and regional levels. In addition, the demographic consequences of the repression and forced migrations before World War II are slowly becoming clear.

Statistical history itself must be rewritten. The 1937 census was conducted—but then canceled by decree. Documents related to the census disappeared into the archives. For 50 years, no results were released. Another census, held in 1939, yielded only two or three pages of statistics. Thanks to the opening of most of the statistical archives, Soviet demographers and historians have recently confirmed and specified what many suspected. Although their conclusions are still provisional, their work seems sufficiently well founded to be presented.

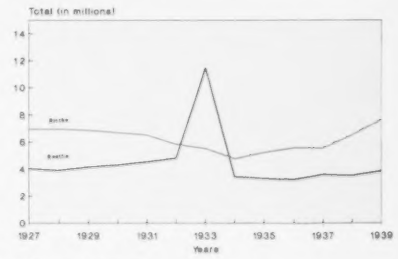
The 1937 Census

During the 1930s, there was a tension between the political use and manipulation of statistics and the high-quality work of organizations charged with data collection (in particular the CUNKhU, central office of statistics at that time). It is now known that there existed two series of demographic statistics, one for publication, the other for internal use. On one hand, a considerable effort was made to improve the quality of the statistics: for example, to make child death registration more complete. On the other, officials manipulated statistics so that they buttressed Stalin's belief that higher rates of population growth could be achieved under a socialist regime than under a capitalist system.

Several decrees succeeded each other between 1934 and 1936 to improve registration statistics, but the decennial census of 1930 was usually reported instead, probably to avoid admitting that population growth was, in fact, stagnant. When Osinskij, director of CUNKhU, wrote to Molotov to insist on the urgency of a census, his demand was ignored. The answer eventually came in the form of Osinskij's ouster. In 1936, the commission created to prepare the census included mainly important political figures (Molotov, Kaganovitch, Mikojan, and others) and very few demographers. Stalin himself took part, adding a question on religion.

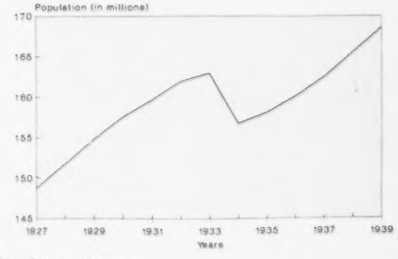
For the 1937 count, Stalin had predicted 170 million inhabitants, but the census counted only 162 million. The census was "canceled" by decree, and all those who had organized and managed the census were arrested. I.A. Kraval, director of CUNKhU, died in 1939. O.A. Kvitkin, director of the census bureau, was shot in 1939. L.S. Brand, director of the department of population of CUNKhU, died in a labor camp in 1942. His deputy Kurman, to whom we owe a desperate but lucid analysis of the results of the 1937 census, was deported. These few examples give a partial picture of Stalin's desire to punish those considered responsible for the "undercount." But curiously, the archives were not destroyed, and thankfully *glasnost* has made them accessible.

Figure 1. Births and Deaths, USSR 1927-1939



Note: Territory of the period.
Source: Based on Soviet census data.

Figure 2. Population Growth, USSR 1927-1939



Note: Territory of the period.
Source: Based on Soviet census data.

Alain Blum is Head Researcher
at the Institut nationale d'études démographiques
in Paris, France

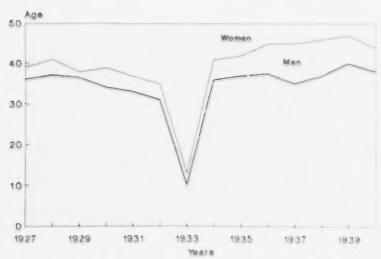
The census was taken again in 1939. The first estimates showed 168 million inhabitants, a number lower than the forecasts. The director of statistics then estimated, "after verification," that they had missed about 2 million people and therefore the population was officially set at 170.2 million.

The Famine of 1933

Meanwhile, despite the political furor over census data, the civil state quietly pursued its routine vital registration work. The 1933 famine, the breadth of which was terrible, did not stop the ZAGS (the civil-state bureau) from counting the deaths: the numbers in certain regions increased six-fold in a matter of months. The documents are accessible, but unfortunately at times incomplete.

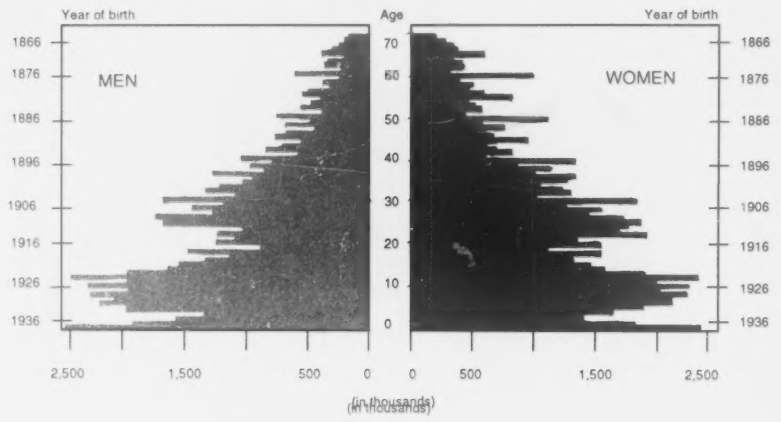
The evolution in the number of births and deaths, and in population size, gives a preliminary outline of the demographic history of the USSR in the 1930s. The principal remaining uncertainty concerns the exact magnitude of the excess mortality of 1933, since the estimation depends on the method used to generalize the available data for the entire country. It is possible, for example, that some of the deaths attributed to the famine year actually occurred earlier. On the other hand, these estimates may have underestimated emigration from the USSR during this period, which would result in a slight overestimate of mortality.

Figure 3. Life Expectancy, USSR 1927-1940



Note. Territory of the period.
Source. Based on Soviet census data.

Figure 4. USSR Age Pyramid from 1937 Census



1892—Famine
1914-1917—World War I
1918-1920-Civil war
1921-1922—Famine
1930-1931—Dekulakization
1933—Famine

Notes. Territory of the period. These data are not corrected for age heaping, which occurs when people misreport their year of birth as the nearest turn of the decade, producing an uneven pattern in an age pyramid.
Source. Based on central archives data.

The famine was sudden and severe. In 1933, the number of deaths increased by about 2.5 times (see Figure 1), while the population decreased by more than 6 million inhabitants, or more than 3 percent (see Figure 2). The population did not achieve pre-1933 levels again until 1937, and it was still far from the 170 million that Stalin wanted. In addition, the regional impact is important. The famine was concentrated in the Ukraine, the region of the lower Volga, and the north Caucasus. In rural Ukraine during the six months prior to the famine (September 1932 to February 1933), there were 46,000 deaths a month; from March 1933 to August 1933, there were 208,000 deaths per month, or 4.5 times more.

Before the famine, the growth rate of the Soviet population had been decreasing due to other factors. The so-called "dekulakization" culminated in February-April 1930. Implemented at the same time as the campaign for total collectivization of the peasant farms, dekoulakization consisted of imprisoning some of the kulaks ("rich" peasants, a notion that remained very vague) and deporting their families to Siberia, Kazakhstan, or the Urals. Some of the "luckier" kulaks were exiled along with their families to these same regions, or transferred within their region, but outside the farming areas. An estimated 380,000 families (or more than a million people) were exiled to far away regions; while 450,000 families (from 2 to 3 million people) were transferred outside farming areas, and 200,000 to 250,000 families fled.

These events greatly affected mortality. As Figure 3 shows, children born in 1933 had very little chance of survival. Also, fertility dropped dramatically and remained at relatively low levels through the remainder of the decade.

The beginnings of dekulakization resulted in slower growth as early as 1930. The repression associated with dekulakization widened the gap in the life expectancies of men and women by 1935 (see Figure 3).

Continued on next page

Demographer's Page

Continued from previous page

1937 Census Findings

The 1937 census, which appears to be of good quality, gives us material of particular interest today. Figure 4 presents the age pyramid, uncorrected for age heaping, which gives it an uneven appearance. The larger indentations mark the deficits of births during the periods of crisis: World War I, the Civil War, and famines. The excess of male deaths during the wars is reflected in the low male-to-female sex ratio.

Several questions that appeared on the census questionnaire are of considerable interest, such as profession and illiteracy. The question on religion produced uncertain results, because people questioned by census takers may have been afraid of answering honestly. Many documents show this; one worker indicated that he believed in "the devil, God, and Stalin." Meanwhile, the proportion of individuals who declared themselves as "believers" is striking. Fifty-seven percent of those 16 years and older classified themselves as believers, and some 50 percent declared themselves Orthodox Christian.

It is also possible to reestimate the losses during World War II. Instead of 20 million, the official number cited until quite recently, we estimate about 26 million excess deaths, directly or indirectly due to the hostilities from June 1941 to December 1945. These are deaths over and above those that would have occurred under the conditions prevailing prior to 1941. However, a detailed analysis is lacking. The changes in the political map of Europe in 1945 and the mass migrations of population during and after the war add to our difficulties.

Beyond these reestimations, data on the direct victims of repression, on the imprisoned, and on people in work camps are becoming accessible. But they are still imprecise, and the central archives to this day remain difficult to access. At least, however, the demographic impact of World War II, which has never been completely established, now lies within reach of demographic historians.

WASHINGTON WATCH

This spring, Congress and the Bush Administration set out to rewrite the Foreign Assistance Act under a new set of guidelines hammered out last year. The new system was designed to improve programmatic flexibility by eliminating funding earmarks for functional areas, such as security, environmental, or population assistance. Although the administration submitted its request without specifying funding levels for specific purposes, Congress quickly moved to protect certain areas, including population assistance.

Congressional Earmarks

First, the House Foreign Affairs Committee earmarked $130 million for child survival. Rep. Peter Kostmayer (D-PA) added two amendments: a guarantee that population activities would receive at least $300 million for FY 1992 and a move to renew support to the United Nation Fund for Population Assistance (UNFPA), which the Reagan Administration defunded in 1985. Rep. Jan Meyers (R-KS) added an amendment to overturn the Reagan Administration's so-called Mexico City policy, which the Bush Administration strongly supports. The Mexico City policy denies U.S. funds to foreign, nongovernmental, family planning organizations that provide abortion-related services or information, even through their own private funds. The House approved all these measures.

The House of Representatives also approved a measure, introduced by Rep. Bill Green (R-NY), to provide $20 million to UNFPA strictly for contraceptive procurement (excluding China).

In addition, the House raised funding for the Development Fund for Africa to $1 billion (an increase of $200 million over FY 1991), 10 percent earmarked for population activities. Family planning assistance to Romania was renewed at $1.5 million, with an added $1.5 million for AIDS programs, and $1 million for adoption services.

Major differences exist between the House and Senate bills. The House set total population appropriations at $300 million, the Senate at $250 million. Like the House, the Senate version includes an amendment to overturn the Mexico City policy (introduced by Sen. Nancy Kassebaum [R-KS]), but no measure to refund UNFPA.

The House and Senate will reconcile their differences late this summer or early fall. President Bush has already promised to veto any bill that contains any provision to overturn the Mexico City policy, or to refund UNFPA. Although the President's veto seems insurmountable, Congressional support has been gathering for a change in policy, and too many vetoes take a toll on Congressional goodwill.

Rust v. Sullivan

On the domestic side, the House voted to reverse *Rust v. Sullivan*. In its May 23 decision, the Supreme Court upheld the so-called "gag rule," which prohibits family planning clinics that receive Title X funding from providing clients with any information on abortion options. Prior to the decision, clinics operated on the principle of "informed consent," which means that health personnel must tell a patient about all medical options that are legally available. Under *Rust*, Title X clinics would either have to halt counseling procedures based on informed consent or lose their federal funding. For example, Planned Parenthood of America stands to lose $35 million, or 12 percent of its overall budget. Since the Supreme Court no longer appears to be a favorable venue, pro-choice advocates will now shift their attention to the Congress.

—Mark Haskell

Mark Haskell is the international program officer at the Population Resource Center.

POSITIONS/ PROFESSIONALS

Rockefeller Foundation Visiting Staff Associate, East Africa. This new education program emphasizes female education, efforts to popularize science and technology among Africa youth, and higher education initiatives. Duties include program development, coordination, and monitoring; seminar and workshop planning; and cooperation with universities, government agencies, and private organizations engaged in research, training, and social action. Applicant must have research or program experience related to African education or economic development, demonstrated managerial competence, academic achievement, analytic writing skills, and sensitivity to relationships in multi-cultural and multi-disciplinary settings. Desired qualifications include an earned Ph.D., preferably in economics, sociology, anthropology, or related field; prior residency in Africa; and familiarity with various forms of communication media.

For more information, contact: Heather Bent Tamir, Office of the Senior Vice President, The Rockefeller Foundation, 1133 Avenue of the Americas, New York, NY 10036, (212) 869-8500; fax (212) 764-3468.

The Rockefeller Foundation African Dissertation Internship Awards. Doctoral students from sub-Saharan Africa are invited to apply for dissertation research support. The program enables Ph.D. students enrolled in U.S. and Canadian universities to return to Africa for extensive field research in areas relevant to economic development or poverty alleviation.

Priority is given to research topics in agriculture, health, and life sciences—but other proposals are welcome. Deadlines for applications are October 1, 1991 and March 1, 1992. Candidates should apply well in advance of their expected field work starting dates.

For more information, contact: African Dissertation Internship Awards, The Rockefeller Foundation, address above.

SOFTWARE

PopMap. Designed for use in population field offices overseas, PopMap supports a variety of population activities with maps and graphics. The software dynamically links a population database with retrieval tools that can display statistical data in a spreadsheet format as well as draw maps and graphics. PopMap operates through a series of menus and can set up a simple geographic information system.

The system is designed for demographers, statisticians, planners, program managers, and decisionmakers with little or no prior computer experience in database management, graphics, or map manipulation. Users must, however, understand basic data retrieval principles. Maps must be entered with a digitizer, mouse, or keyboard. PopMap includes an exploratory loop that allows the user to ask "what if" questions of the data.

PopMap is designed to run on an IBM-compatible microcomputer; 80286, 80386/SX processor with 640KB RAM, 40MB fixed disk storage (hard disk with minimum 5MB free space); EGA or VGA color graphics display; DOS operating system. Provided free to UNFPA offices, PopMap's commercial price is still being decided, but will not exceed $300.

For information on this and other U.N. population software (much of it available at low cost or free of charge), contact: Project Coordinator, Software and Support for Population Data Processing, UN/DTCD, United Nations, Room DC2-1570, New York, NY 10017.

—S.K.

POPULATION UPDATE

Estimated United States Population:

As of April 1, 1991	251,975,000
As of April 1, 1990	249,246,000

The above estimates, based on the 1990 Census, include armed forces overseas and are from U.S. Bureau of the Census *Current Population Reports*, Series P-25, No. 1073.

Estimated World Population:

As of August 1991	5,392,000,000
Annual growth	93,000,000

Extrapolated from the mid-1991 population on PRB's *1991 World Population Data Sheet*.

Latest Provisional Statistics for the U.S.: February 1991

	12 months ending with February					
	Number		Rate			
	1991	1990	1991	1990	1989	1988
Live births	4,175,000	4,060,000	16.6	16.3	15.9	15.8
Deaths	2,144,000	2,170,000	8.5	8.7	8.8	8.8
Natural increase	2,031,000	1,890,000	8.1	7.6	7.1	7.0
Marriages	2,456,000	2,425,000	9.8	9.7	9.7	9.8
Divorces	1,185,000	1,161,000	4.7	4.7	4.8	4.7
Infant deaths	38,000	39,000	9.1	9.7	9.9	10.0

Note. Rates are given per 1,000 population, except for infant deaths, which are given per 1,000 live births.

Source. Monthly Vital Statistics Report (Vol. 40, No. 2) from the National Center for Health Statistics.

LETTER TO THE EDITOR

The recent article by Carl Haub and Machiko Yanagishita on "Infant Mortality: Who's Number One?" [see *PT*, March 1991] was a real contribution to the subject. It rightly stressed the national differences in what constitutes a birth in official definitions. (They might have gone on to mention the even larger differences in the national official definitions of a "stillbirth.")

Another factor is that the infant mortality rate as usually computed is *not* based on the number at risk. The infant deaths (under age one) in a given calendar year arise partly from the births in the previous calendar year, and some of those from the cohort in question will appear as infant deaths in the next calendar year. This is important when birth cohorts are changing rapidly. [To correct for this problem, see Shryock and Siegel, *The Methods and Materials of Demography*.]

All the alarm in the popular press about the fact that the United States is not *"Number One"* (why does it have to be?) is largely a tempest in a teapot.

Our rate of 9.1 is not all that far from Finland's 5.8 in the perspective of time and place. Our rate was over 50 in the early 1930s and has declined almost every year thereafter. According to your *1991 World Population Data Sheet* the average for all the "developing countries" is 75. The District of Columbia's rate, 23.1 in 1989, is nowhere near that. It would be an anachronism to call Hong Kong, South Korea, Taiwan, or Singapore (where infant mortality rates are lower than the U.S. rate) "developing countries."

—Henry S. Shryock, Jr.

TAKE A NUMBER

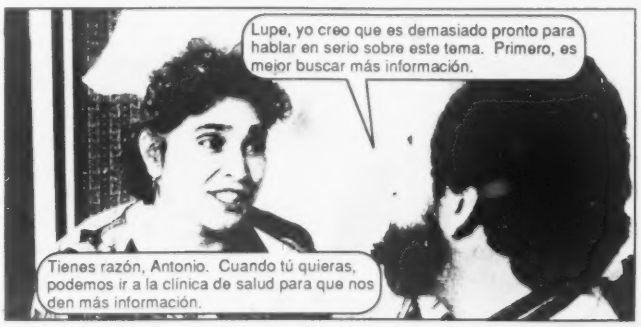
The World Population Clock 1991

		World	More developed countries	Less developed countries	Less developed (less China)
Mid-1991 population		5,383,886,000	1,218,774,000	4,165,112,000	3,013,812,000
Births per:	Year	142,960,000	17,603,000	125,357,000	101,111,000
	Month	11,913,333	1,466,879	10,446,421	8,425,890
	Week	2,741,691	337,582	2,404,101	1,939,104
	Day	391,671	48,226	343,444	277,016
	Hour	16,320	2,009	14,310	11,542
	Mintue	272	33	239	192
	Second	4.5	0.6	4.0	3.2
Deaths per:	Year	50,418,000	11,430,000	38,989,000	31,309,000
	Month	4,201,500	952,471	3,249,042	2,609,112
	Week	966,918	219,198	747,723	600,451
	Day	138,132	31,314	106,818	85,779
	Hour	5,755	1,305	4,451	3,574
	Minute	96	22	74	60
	Second	1.6	0.4	1.2	1.0
Natural increase per:	Year	92,543,000	6,173,000	86,370,000	69,803,000
	Month	7,711,917	514,417	7,197,500	5,816,917
	Week	1,774,792	118,386	1,656,406	1,338,684
	Day	253,542	16,912	236,630	191,241
	Hour	10,564	705	9,860	7,968
	Minute	176	12	164	133
	Second	2.9	0.2	2.7	2.2
Infant deaths per:	Year	9,658,000	239,000	9,420,000	8,620,000
	Month	804,833	19,889	784,974	718,297
	Week	185,221	4,577	180,651	165,306
	Day	26,460	654	25,807	23,615
	Hour	1,103	27	1,075	984
	Minute	18	0	18	16
	Second	0.31	0.01	0.30	0.27

Source. PRB's *1991 World Population Data Sheet.*

ADDENDA

In this *Novela de Amor* (Story of love), Lupe and Antonio have been happily married many years and have three children—all they want. Lupe brings up the option of surgical sterilization. Antonio, at first reluctant to discuss it, finally becomes open to learning more. Photographs with captions relate how this appealing Hispanic couple and their friends engage with the issue. Produced in Spanish for use in the United States by the Association for Voluntary Surgical Contraception, (212) 351-2555.


Lupe, yo creo que es demasiado pronto para hablar en serio sobre este tema. Primero, es mejor buscar más información.
Tienes razón, Antonio. Cuando tú quieras, podemos ir a la clínica de salud para que nos den más información.

"Lupe, I think that it's too early to discuss this seriously. First we should look for more information."
"You're right, Antonio. When you want, we can go to the health clinic so they can give us more information."

CURRENT READINGS

PRB welcomes materials on population topics for possible inclusion in Current Readings. Publishers may address review copies to Book Review Editor, POPULATION TODAY, Population Reference Bureau, 1875 Connecticut Ave., N.W., Suite 520, Washington, D.C. 20009-5728.

MATHEMATICS AND GLOBAL SURVIVAL, by Richard H. Schwartz. 2nd ed. Needham Heights, Mass.: Ginn Press, 1990. 197 pages. $32.75 paperback. ISBN 0-536-57540-1.

This textbook is a useful and innovative resource for teachers looking for real-world examples to teach basic mathematical operations or statistical and population concepts. It is appropriate for college or high school students.

As our world becomes increasingly interdependent, students must be equipped with a more sophisticated range of information and mathematical tools. This interdisciplinary text introduces students to current global issues, while providing instruction on basic mathematical and statistical concepts (basic calculations, percentages, ratios, graphs, sequences, elementary statistics, probability, and problem-solving techniques).

The book reprints PRB's *World Population Data Sheet* and uses it to introduce students to basic demographic indicators and calculations. Segments on sequencing and graphing also make use of population data. Topics include the arms race, energy, health, hunger and food, smoking, poliution, economic development, resources, transportation, waste, and women's issues. Dr. Schwartz is careful to provide enough information so that students understand the calcuiations and learn to interpret graphical data critically.

Exercises reinforce the lessons of each chapter. The appendices include bibliographies on mathematical and global issues, a list of organizations involved in global issues, an opinion survey, and topics for futher investigation. The number of inquiries that I have received in my work with population education suggests that this type of text is much needed.

—Kimberly Crews

REGIONAL SURVEY OF THE WORLD: The Middle East and North Africa 1991 by Europa Publications Limited. 37th ed. London, 1990. 984 pages. $245.00 hardback. ISBN: 0-946653-60-7.

In its 37th edition, Europa's *Regional Survey of the World: The Middle East and North Africa, 1991* remains the preeminent annual reference devoted to the contemporary Middle East. It provides the most comprehensive survey on all the countries in the region.

Essays on topics and issues of interest place current developments in the broader perspective of the region's social, political, and economic history. Capsule summaries cover all the important events of the region since World War II. Also included are a list of research institutes involved in the study of the Middle East, a bibliography of books and periodicals, and the history and activities of 33 regional organizations such as OPEC, the U.N., the Arab League, and the Islamic Development Bank.

Each country profile covers geography, recent history, and the economy, with an excellent directory of important organizations and officials. Economic and demographic information are provided, along with the latest statistics on population, agriculture, industry, finance, trade, transport, tourism, and education. Anyone whose work relates to the Middle East should be familiar with this volume. Other Europa yearbooks cover other regions and the world.

—Nazy Roudi

BOOKS RECEIVED

World Population Growth and Aging: Demographic Trends in the Late 20th Century, by Nathan Keyfitz and Wilhelm Flinger. Chicago: University of Chicago Press, 1991. 608 pages. $65.00 hardback. ISBN 0-226-43237-8.

Persistent Inequalities: Women and World Development, edited by Irene Tinker. New York: Oxford University Press. 1990. 302 pages. $34.50 hardback. ISBN 0-19-5050935-2.

Statistical Handbook on U.S. Hispanics, compiled and edited by Frank L. Schick and Renee Schick. Phoenix, Ariz.: The Oryx Press, 1991. 225 pages. $49.50 hardback. ISBN: 0-89774-554-X.

The New Chosen People: Immigrants in the United States, by Guillermina Jasso and Mark R. Rosenzweig for the National Committee for Research on the 1980 Census. New York: Russell Sage Foundation, 1990. 460 pages. $55.00 hardback. ISBN 0-87154-404-0.

Handbook on International Migration, edited by William J. Serow, Charles B. Nam, David F. Sly, and Robert H. Weller. Westport, Conn.: Greenwood Press. 1990. 385 pages. $65.00 hardback. ISBN 0-313-26117-2.

Determinants of Emigration from Mexico, Central America, and the Caribbean, ed. by Sergio Diaz-Briquets and Sidney Weintraub. Boulder, Co.: Westview Press, 1991. 356 pages. $46.50 paperback. ISBN 0-8133-8142-8.

The Unfinished Story: Turkish Labour Migration to Western Europe, with special reference to the Federal Republic of Germany by Philip L. Martin. Geneva, Switzerland: International Labor Office, 1991. 123 pages. $20.00 paperback. ISBN: 92-2-107292-4.

Social Indicators of Development 1990, World Bank. Baltimore, Md.: The Johns Hopkins University Press. 357pages. $24.95 paperback. ISBN 0-8018-4159-3.

Population Geography, 2nd ed., by Huw Jones. London: Paul Chapman, 1990. 321 pages.$28.00 paperback. ISBN 1-85396-071-3.

Trees of Life: Saving Tropical Forests and Their Biological Wealth, by Kenton Miller and Laura Tangley. Boston: Beacon Press, 1991. 217 pages. $9.95 paperback. ISBN 0-8070-8503-0.

Statistical Handbook on U.S. Hispanics, compiled and edited by Frank L. Schick and Renee Schick. Phoenix, Ariz.: The Oryx Press, 1991. 225 pages. $49.50 hardback. ISBN: 0-89774-554-X.

Population of Fiji, by Rajesh Chandra and Jenny Bryant. Noumea, New Caledonia: South Pacific Commission, 1990. 258 pages. ISBN: 982-203-046-0. [Population Monograph No. 1]

SPOTLIGHT

MYANMAR (BURMA)

Population (1990 est.): 41 million
Land area: 261,228 sq. mi.
Pop. density: 157 per sq. mi.
Births per 1,000 pop. (1988): 32
Deaths per 1,000 pop. (1988): 12
Rate of natural increase (1988): 2 percent
Total fertility rate (1988): 3.9
Infant mortality rate (1988): 68 per 1,000 live births
Life expectancy (1988): 60 years
GNP per capita (1987 est.): $200
Capital: Yangon (formerly Rangoon)

by John F. May

Of all the countries in Southeast Asia, one of the least known is the Union of Myanmar, called Burma until May 1989. Myanmar, about the size of Texas, lies on the vast fertile plain of the Ayeyarwady (Irrawaddy) River surrounded by a horseshoe-shaped range of mountains. Over the last 40 years, the country's geographical isolation has been compounded by autonomy conflicts fought on the country's borders by various ethnic groups seeking a greater role in national government. In addition, since 1962, the country's rulers followed a deliberate policy of self-reliance, as a component of the Burmese way to socialism. But now the country has opened its doors somewhat to foreign contacts, seeking more economic opportunities in neighboring countries and technical assistance from donor nations and development institutions.

The limited demographic information available suggests that the population of Myanmar has undergone a slow demographic transition. In 1983, at the time of the latest census, the total fertility rate (TFR, or average lifetime births per woman) was estimated (using indirect techniques) at 5.2 children per woman. The fertility decline might have stalled between 1973 and 1983, but today the TFR is probably below 4.0, a medium value in Southeast Asia. This suggests the use of birth spacing or birth-limiting methods, or both. Meanwhile, mortality levels have decreased (life expectancy at birth is estimated at 60 years), although infant mortality is likely to be higher than the official figure. The rate of natural increase is estimated at 2 percent per year, which would lead to doubling in about 35 years.

Because Myanmar has a low population density and shares common borders with the two most populous countries in the world, China and India, prominent leaders have advocated a pronatalist policy in the past. However, the government of Myanmar has recently become aware of the challenges posed by a fast-growing population. In particular, it will have to improve the (currently poor) quality of social services to meet the growing demands of an increasing population.

These new perspectives on population issues have already brought about important policy changes. The concept of birth spacing as a key step toward the improvement of maternal and infant health has been acknowledged for the first time. There is now full recognition of the detrimental effects of induced abortion on maternal mortality rates and an awareness that high abortion rates indicate an unmet demand for modern family planning services. About 40 percent of maternal deaths in the country are believed to be attributable to poorly performed abortions.

Available evidence suggests a fairly high knowledge of modern contraceptive methods among Burmese women of reproductive age. Popular attitudes toward birth spacing and female sterilization are positive. Even so, levels of contraceptive prevalence remain rather low, as modern contraceptives are not readily available. (Some contraceptives are smuggled from neighboring countries such as Thailand and China, which have stronger family planning programs.) Possibly 20 to 25 percent of married women of reproductive age use family planning, and half of these may rely on traditional methods. It is therefore assumed that induced abortion plays a key role, and hospital statistics support this view.

How Myanmar was able to begin its fertility transition despite its isolation and lack of a full-fledged national family planning program is unclear. A national fertility survey was conducted in January 1991 and is now being processed. Only more data on fertility and contraceptive use can throw further light on the distinctive patterns of reproductive health and fertility control in Myanmar, and help reduce the high incidence of induced abortion.

John F. May, Senior Staff at the Futures Group, will be PRB's visiting scholar for 1991-1992. *The author is grateful for the assistance received from the Department of Planning and Statistics at the Ministry of Health and the UNICEF Office in Myanmar.*